

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : Filed herewith
Applicant : Steven S. JOHNDREAU., et al.
Filed : Not yet assigned
TC/A.U. : Not yet assigned
Examiner : Not yet assigned

Docket No. : 1006-001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.102(c)

Sir,

Pursuant to 37 CFR § 1.102(c) applicants hereby petition to make the above-identified application, filed contemporaneously with this Petition, special based on the age of one of the inventors.

Applicant, David E. Johndreau, was born on June 22, 1932, thus making him 71 years of age. Mr. Johndreau's age is evidenced by the enclosed copies of his California driver's license and birth certificate, as well as the enclosed Declaration of David E. Johndreau stating his birth date.

Applicants submit that since this Petition to Make Special is based on age, no fee is due.

Appl. No.: filed herewith
Petition to Make Special

Applicants respectively request that this Petition be granted and that the
examination of the above-identified application be expedited.

Date October 29, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence, with its
state enclosures, if any, is being deposited with the
United States Postal Service on August 11, 2003,
with sufficient postage as Express mail in an
envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Signature: Glen L. Gross

By: Glen L. Gross
Date: October 29, 2003

Respectfully submitted,

By Glen L. Gross
Glen L. Gross, Reg. No. 41,808
Kristin C. Castle, Reg. No. 47,208
Attorneys for Applicants

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PLACE OF BIRTH
CITY OF MINNEAPOLIS
COUNTY OF HENNEPIN

City of Minneapolis
Division of Public Health—Vital Statistics

PLACE OF BIRTH

Northwestern Hospital

FULL NAME OF CHILD

David Engler Johndreau

If child is not yet named, make supplemental report as directed

3. Was 1% silver nitrate
used to prevent infant
blininess? ☒ Yes

4. Was child deformed or physically
defective? Yes or No. ☒ No

5. Nature of defect:

6. Sex

Male

7. Twin, triplet, or other
births

8. Number, in order of birth

9. Premature

10. Legiti-

mate

11. Date of
birth

June 22, 1932

12. Full
name

Clarence M. Johndreau

4529 15 Ave. So.

13. Residence (usual place of abode)
(if non-resident, give place and State)

4529 15 Ave. So.

14. Color or race

White

15. Age at last birthday

27 (Years)

16. Birthplace (city or place)
(State or country)

Luton, Iowa

17. Trade, profession, or particular
kind of work done, as farmer,
bookkeeper, etc.

Secretary

18. Industry or business in which
work was done, as factory,
office, bank, etc.

Y. N. C. A.

19. Full
maiden
name

Dorothy Engler

20. Residence (usual place of abode)
(if non-resident, give place and State)

4529 15 Ave. So.

21. Color or race

White

22. Age at last birthday

23 (Years)

23. Birthplace (city or place)
(State or country)

Marion, Wisc.

24. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Housewife

25. Industry or business in which
work was done, as own home,
lawyer's office, factory, etc.

at home

26. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living ONE (b) Born alive but now dead NONE (c) Stillborn

27. If stillborn,
period of gestation

months or weeks

28. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:40 A.M.,
on the date above stated, and that the above facts as given
are true to the best of my knowledge, information and belief.

(When there was no attending physi-
cian or midwife, then the father, house-
holder, etc., must make this return.)

Given name added from a supple-
mental report: 7-20-32

19 Mother

(Signature)

Paul A. Wilken

PHYSICIAN, LICENSED PRACTICE ON-RECORD

(Cross out words which do not apply)

Date 6/30/32

Address: 607 E. & S. Bldg.

(Signature)

F. E. Harrington

REGISTRAR

Filed Jul 2 1932

19 Address

I, Mariel L. Colquhoun, Deputy Local Registrar of Vital Statistics for
the City of Minneapolis, Minnesota, hereby certify that the above is a
true and correct photo-copy of the record on file in the office of the
Division of Public Health.

Dated:

DEC 23 1932

Mariel L. Colquhoun
Deputy Local Registrar

NORTHWESTERN HOSPITAL

MINNEAPOLIS, MINNESOTA

This Certifies that
Baby boy Johndreau
was born in NORTHWESTERN HOSPITAL,
MINNEAPOLIS, MINNESOTA, on the 22
day of June A.D., 1932
Sex, male Weight 8 lbs 6 1/2 oz.

Paul A. Wilken
PHYSICIAN

A. Carlson
NURSE

MOTHER'S THUMBPRINTS

[Thumbprints]
SUPERINTENDENT



A Public Service Agency

DRIVER'S MEDICAL EXAM DATE

06-02-03

DRIVER'S MEDICAL CERT. EXPIRES ON

06-02-05

DRIVER'S SIGNATURE

x David E. Johnndreau

01/21/2000 11:16:11 999-082-1

DMV CALIFORNIA DMV

COMMERCIAL DRIVER LICENSE

EXPIRES 06-22-05

G0087027

CLASS: A M1
ENDORS: TPN



DAVID ENGLER JOHNDREAU
7022 DAISY LN
CITRUS HTS CA 95621

SEX: M HAIR: BRN
HT: 5-06 WT: 175

EYES: HZL
DOB: 06-22-32

RSTR: CORR LENS

David E. Johnndreau
05/12/2000 625 CS FD/05